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FARI B - FEE(S) TRANSMITTAL

NO. 5463 P. 1

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1933 7590 02/20/2008

FRISHAUF, HOLTZ, GOODMAN & CHICK, PC  
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Francine E. Smith

(Depositor's name)

*Francine E. Smith*

(Signature)

May 15, 2008-Via Facsimile

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/629,108	07/28/2003	Kazuo Koyama	03338CIP/HG	6344

TITLE OF INVENTION: BENZYLAMINE ANALOGUES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	05/20/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
SOLOLA, TAOFIQ A	1625	514-651000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.2. For printing on the patent front page, list **FRISHAUF, HOLTZ, GOODMAN**

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BTG INTERNATIONAL LIMITED

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LONDON, UNITED KINGDOM

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check is enclosed.☒ Payment by credit card. Form PTO-2038 is attached. **for \$1740.00**☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **06-1378** (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Richard S. Barth*Date **May 15, 2008**

Typed or printed name

**Richard S. Barth**Registration No. **28,180**

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